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	73.1	F TIME UNDER 37 CFR 1.136(a)	Docket 0756-7218 Number	
S TOTAL	CERTIFICATE OF MAILING In re Application of Shunpei YAMAZAKI et al.			
	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class and the service with sufficient postage as first class and the service with the service and the service with the service wi	Application 10/712,062 Number	Filed November 14, 2003	
	mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 10, 2008.			
	adum Stamper	Group Art 2826	Examiner Benjamin T. Liu	
	This is a request under the provisi for filing a reply in the above ident	ified application.	·	
	(check time period desired):	ropriate non-small-entity fee are as	5 IOIIOWS	
		l.17(a)(1)) -′(\$120/\$60)	\$120.00	
	☐ Two month (37 CFR 1	.17(a)(2)) - (\$460/\$230)	\$	
	☐ Three month (37 CFR	1.17(a)(3)) - (\$1050/\$525)	\$	
۲		1.17(a)(4)) - (\$1640/\$820)	\$	
	☐ Five month (37 CFR 1	l.17(a)(5)) - (\$2230/\$1115)	\$	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$			
	☐ Payment by credit card. Form PTO-2038 is attached.			
	The Commissioner has alread Deposit Account.	ly been authorized to charge fees	in this application to a	
		authorized to charge any fees which Deposit Account Number 50-2280		
	I am the applicant/inventor			
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
		of record.		
		under 37 CFR 1.34(a). number if acting under 37 CFR 1.3	4(a)	
		is form may become public. Cred vide credit card information and au		
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	<u>March 10, 2008</u> Date		Signature	
•	_ 		Robinson, Reg. No. 38,285	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.